U.S. Depar/ment of Labor Office of Labor-Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11 30-2006

This report is mandatory under P L 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440.

	*		
For Official Use Only			
RECEI THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT		
ALG222005			
CMS DOS	D		
1 File Number U 249/	2 Fiscal Year Covered From AMENUEO		
	1 / [Zouy Through 12 / 3] / Zouy		
3 Name and address of person filing	4 Name file number and address of labor organization		
Name LEE C Chusa LEX	Name Michigan Laborens Detruct Council		
	Labor Organization File Number 011 995		
PO Box Bldg Room No If any Suite &	PO Box Building and Room Number If any Suite 8		
Street 302 S Wavenly	Street 302 S WAVENLY		
an LAUSING	City [AUSING		
State 14, Chique ZIP Code + 4 48917 3631	State Michigan ZIP Code +4 48917363		
5 Position in labor organization SECRETARY - TREASURE			
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of			
monetary value from an employer whose employees your organization	on represents or is actively seeking to represent. 7 a Nature of Interest, Transaction or Income		
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest, Transaction of Income		
Name	11		
Trade Name if any			
PO Box, Bldg Room No If any			
	7 b Amount		
Street	<u> </u>		
City			
State ZIP Code + 4			
Signature			
15. Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct and complete (See the section on penalties in the instructions)			
Signed Ja Challe	on 815 -05 Sn 321-2349		
	Date Telephone Number		

AMENDED

Halle of Fason Filling LEE C Chwarfer	The Number of			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any) Name FE C Church FK Trade Name if any PO Box Bldg Room No if any Suite 8 Street 302 S WAVENLY City ANNOW W State Wichican ZIP Code + 4 48917 3631	9 Business deals with a Labor Organization b Trust c Employer			
10 If 9 b or 9 c. is checked give trust or employer's name	11 a Nature of such dealing			
Name MICHIGAD ABOURING PENSION FUND Trade Name if any PO Box Bidg Room No if any Street OS 25 (ENTURION) DK City AUSING State WI ZIP Code + 4 Y8917 9275	TRANSPORTATION TO JOINT BOARD MEETING BOYNE FALL MICHIGAN \$ 19125 LEIMBURGED TO MICHIGAN LABORERS DISTRICT COUNCIL SEE ATTACKED 11 b Approximate dollar value of such dealing 19125 12 a Nature of interest held or income received			
	12 b Amount			
	12 0 Automic			
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4				
13 b Is the Business an Employer or Consultant ?	14 D Amount or payment			

Payment History

8/15/2005

Customer Job

MIchigan Laborers Pension Fund

Date Received

06/02/2004

Payment Method

Check

Check No

12447

Payment Amount

191 25

Memo

BOT Meeting Reimbursement/Chwalek

Invoices Paid, Statement Charges Paid and Payment Deposit

Type	Date	Number	Amount	Pmt Balance
Invoice	06/02/2004	45	191 25	0 00
Deposit	05/27/2004		191 25	

AMENDER

Name of Person Filting LEE () () Was to (File Number U	. <u>.</u>		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any) Name LEE C Chwale Trade Name if any PO Box Bldg Room No if any Suite 8 Street 302 S WAVERLY City LASING State Michigan 2 ZIP Code + 4 18917-9275	9 Business deals with a Labor Organization b Trust c Employer			
10 If 9 b or 9 c is checked give trust or employer's name Name Michigas Abourds Pensien Fund Trade Name if any: PO Box Bidg Room No if any Street OS25 (BSTURION) PIL City (Apsing a) State M. ZIP Code + 4 1/8917 92 35	11 a Nature of such dealing TRANSPONTATION FOR BOAND PENSION MEETING \$750 REIMBURSEN TO Michie Detrict Council See Attent 11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received	ian Labours		
	12 b Amount.			
C Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bidg Room No if any Street City State ZIP Code + 4	er parts A and B above) or other thing of value 14 a Nature of payment.			
13 b is the Business an Employer or Consultant?	14 b Amount of payment			

Customer Job

Ŧ

Michigan Laborers Pension Fund

Date Received

11/19/2004

Payment Method

Check

Check No

12788

Payment Amount

7 50

Memo

11/19/04 BOT/Chwalek

Invoices Paid, Statement Charges Paid and Payment Deposit

Туре	Date	Number	Amount	Pmt Balance
Invoice	11/19/2004	73	7 50	0 00
Deposit	11/23/2004		7 50	

AMENDED

Name of Person Filing LEF C Church Lek	File Number U			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any) Name Hote Trade Name if any P O Box Bidg Room No if any Street City State ZIP Code + 4	9 Business deals with a Labor Organization b Trust c Employer			
10 If 9 b or 9 c is checked give trust or employer's name Name Michician Aboutus Ension Fund Trade Name if any PO Box Bidg Room No if any	LODGING FOR TOURSTMENT COMMITTEE MEETING			
Street 6525 (ENTURION PR City [MISSING] State MI ZIP Code + 4 48917 9275	11 b Approximate dollar value of such dealing [6]60 12 a Nature of interest held or income received TRUSTEE DEUSLOW FUND			
	12 b Amount			
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money				
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bidg Room No if any Street City State ZIP Code + 4	14 a Nature of payment			
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment			

3

AMENDED

Name of Person Filing LEE C Chunkell	File Number U			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any) Name Spanting Travel	9 Business deals with			
Trade Name if any	a Labor Organization b Trust			
Street 3032 LAILE LAUSING RO	c Employer			
State Michigan ZIP Code + 4 48823				
10 If 9 b or 9 c. is checked give trust or employer's name	11 a Nature of such dealing			
Name Wichigan LAGORENS PENSION FUND	LODGENCY FO - JOINT BOAND WEETING			
Trade Name if any:	Boyne Falls Michigan			
P O Box Bldg Room No If any				
Street 6525 CENTURION DR	11 b Approximate dollar value of such dealing (27 34			
CAY LANGING V	12 a Nature of interest held or income received			
State	TRUSTEE ON PENSION PUND			
	12 b Amount			
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.			
Name				
Trade Name if any				
PO Box Bldg Room No rf any				
Street				
Crty				
State ZIP Code + 4				
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment			

Name of Person Filing LEE C Chwalek	File Number U			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any) Name INTELNATION FOUNDATION Trade Name if any PO Box Bldg Room No if any PO Box (69) Street 18700 W Blue Mound City Blook Field State Wisconsin Zip Code + 4 53008 0069	9 Business deals with a Labor Organization b Trust c Employer			
10 If 9 b or 9 c. is checked give trust or employer's name Name About S METROPOLT NO HEALTH (AUE FUND) Trade Name if any PO Box Bldg Room No if any Street 65 25 (Euguro) Dene	11 a Nature of such dealing RECISTRATION FEE 85500 PRE CONFIRM FEE 28500 HOTEL DEPOSIT 35000 HEALTH CAME SEMINAR 11 b Approximate dollar value of such dealing	1490 00		
State Michigan ZIP Code + 4 48917 9275	12 a Nature of interest held or income received TRUSTER HEALTH. CARE FUNO			
	12 b Amount	_ 6		
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money				
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment			
Name				
Trade Name if any				
PO Box Bldg Room No if any Street				
State ZiP Code + 4				
13 b Is the Business an Employer or Consultant?	14 b Amount of payment			

Name of Person Filing (FF C C Nuslek	File Number U-			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any) Name Abondus Methopolitan Health Cane Trade Name if any PO Box Bidg Room No if any Street OS 25 (Estruction Delve City Ansimal State M. ZIP Code + 4 18917 9275	9 Business deals with a Labor Organization b Trust c Employer			
10 If 9 b or 9 c is checked give trust or employer's name Name FE C Chualel Trade Name if any Aboneus PO Box Bidg Room No if any Street 302 5 Wavenly City Auswa State Michigan ZIP Code + 4 48917 3631	11 a Nature of such dealing TRAVEL ANOWANCE - 1650 REFUNDS OF UNUSED THAVEL-13* HEALTH CONG SEMINAN 11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received TRUSTEE HEALTH CAUF	15-12-11		
	12 b Amount			
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money				
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment			
Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4				
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment			